



MS AF
Attorney Docket No. 24664

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application of:

NOJIRI

Serial No. 09/870,651

Group Art Unit: 2173

Filed: June 1, 2001

Examiner: T. Zhou

For: **SETUP CONDITION INPUT DEVICE AND IMAGE FORMING APPARATUS**

NOTICE OF APPEAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the Examiner's Final Office Action dated March 18, 2004, wherein claims 1 - 17 of the above-captioned application were finally rejected. With this Notice, Applicant files a petition for a three-month extension of time and a check in the amount of \$1,280.00 for 1) Notice of Appeal fee of \$330.00 under 37 C.F.R. §1.17(b) and 2) three-month extension of time fee of \$950.00 under 37 C.F.R. §1.17(a)(3).

The Commissioner is authorized to charge any fee deficiency, or credit any overpayment, in connection with this matter to Deposit Account No. 14-0112.

09/21/2004 HUAONE1 00000081 09870651

01 FC:1401

330.00 GP

Date: September 20, 2004
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Respectfully submitted,
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10/07/2004 EWARREN 00000002 140651
01 FC:1253 950.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/976,708

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

TOTAL CLAIMS	33	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	33 minus 20 = *	13
INDEPENDENT CLAIMS	5 minus 3 = *	2
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	* 33	Minus	** 33	=
	Independent	* 5	Minus	*** 5	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	* 33	Minus	** 33	=
	Independent	* 5	Minus	*** 5	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	* 33	Minus	** 33	=
	Independent	* 5	Minus	*** 5	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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